

**CITY OF GREENSBORO
LEAD EVALUATION QUESTIONNAIRE**

Property Address: _____

Household Composition - The following persons reside in this household on a permanent basis:

	<u>Name</u>	<u>Date of Birth (Required)</u>	<u>Relationship</u>		<u>Name</u>	<u>Date of Birth (Required)</u>	<u>Relationship</u>
1.	_____	_____	<u>SELF</u>	4.	_____	_____	_____
2.	_____	_____	_____	5.	_____	_____	_____
3.	_____	_____	_____	6.	_____	_____	_____

To be filled out if children under 6 live in the home:

If the homeowner, tenant or other resident of the household is the parent/legal guardian of a child under 6 years of age who is also a resident of the household, they must sign below agreeing to have the child/ren under 6 years of age blood tested or declining to have child/ren under 6 years of age blood tested for lead poisoning. The test is free for children under six years of age and consists of collection of a drop of blood from a pinprick on a finger.

My child/ren under 6 years of age has/have been tested for lead poisoning within the past 6 months Yes____ No____

Test results must be submitted or made available before lead hazard control work can begin.

I would like to have my child/ren under 6 years of age tested for lead poisoning Yes____ No____

If yes, you may take your child/ren under six years of age to the Health Department (641-7777) for free testing. Test results must be submitted or made available before lead hazard control work can begin. If I choose not to have my child/ren tested for lead poisoning, I understand that my home/property listed above may contain lead hazards and that blood testing is highly recommended, but I have chosen not to test my child due to personal or religious reasons.

My child/ren under 6 years of age has/have been tested for lead poisoning, and the City of Greensboro may have access to the test results.

(If I have chosen not to share test results but chose to have my child tested, I understand that proof that my child was taken in for recent testing must be submitted or made available before lead hazard control work may begin).

Yes____ No____

My child(ren) under 6 years of age listed above receive(s) Medicaid

Yes____ No____

Parent/Legal Guardian's Signature

Date Signed

**CITY OF GREENSBORO
LEAD EVALUATION QUESTIONNAIRE**

Property Address: _____

To be filled out if children under 6 visit the home/property frequently:

If the homeowner, tenant, or other resident is not the parent/legal guardian of a child under 6 years of age but has a child or children under 6 years of age who spend a significant amount of time visiting (EPA Definition of Child Occupancy (significant amount of time visiting): At least 2 days a week, at least 6 hours per week, and at least 60 hours a year), please complete this section. **The following children under 6 years of age spend a significant amount of time visiting this household:**

<u>Full Name</u>	<u>Date Of Birth (Required)</u>	<u>Relationship</u>	<u>Has child been tested for lead paint poisoning?</u>	<u>Does the child spend a significant amount of time visiting as defined above?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the above information on residency and visiting is accurate as of the signing date of this document:

Primary Resident's Signature

Date Signed

**** A Non-Resident Parental Consent form must be filled out for each child under six years of age who meets the 2 days per week, 6 hours per week, 60 hours per year, per child visitation test.**

**CITY OF GREENSBORO
LEAD EVALUATION QUESTIONNAIRE
Non-Resident Parental Consent**

To be filled out by parent(s)/guardian(s) of children under 6 who visit the property frequently:

Property Address (Receiving Lead Program Assistance): _____

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Telephone: _____

The owner of the property listed above has applied for funding from the City of Greensboro to remediate lead based paint hazards in the home. Your child has been identified as one who visits this home on a regular basis or for a significant period of time. Because deteriorating lead based paint can have a significant impact on a young child's development, we recommend that you have your child/ren under the age of six tested. If you choose to have your child/ren tested, federal regulations require that we receive testing information before the remediation work is performed. The Guilford County Health Department will perform this test at no cost to you. The test consists of collection of a drop of blood from a pinprick on a finger. Alternatively, you may choose not to test your children.

My child/ren under 6 years of age has/have been tested for lead poisoning within the past 6 months Yes____ No____

Test results must be submitted or made available before lead hazard control work can begin.

I would like to have my child/ren under 6 years of age tested for lead poisoning Yes____ No____

If yes, you may take your child/ren under to the Health Department (641-7777) for free testing. Test results must be submitted or made available before lead hazard control work can begin. If I choose not to have my child/ren tested for lead poisoning, I understand that my home/property listed above may contain lead hazards and that blood testing is highly recommended, but I have chosen not to test my child due to personal or religious reasons.

My child/ren under 6 years of age has/have been tested for lead poisoning, and the City of Greensboro may have access to the test results.

(If I have chosen not to share test results but chose to have my child tested, I understand that proof that my child was taken in for recent testing must be submitted or made available before lead hazard control work may begin).

Yes____ No____

My child(ren) under 6 years of age listed above receive(s) Medicaid

Yes____ No____

Parent/Legal Guardian's Signature

Date Signed